

RETURN TO REVENUE BY:\_\_\_\_\_ Bldg. Insp. File No.:\_\_\_\_\_

TAXPAYER #:\_\_\_\_\_ MIS#:\_\_\_\_\_ Occ. Grp.:\_\_\_\_\_ Constr. Type:\_\_\_\_\_

S.I.C. \_\_\_\_\_

ZONING DISTRICT _____		Appl. Recv'd	Reviewed (see Comments)	Name of Reviewer	Date
Zoning	494-4455				
Building Inspection	494-4460				
Fire/Hazardous Mat Dept	494-4285				
Police Department	790-6972				
Health Department	567-6700				
Department	Reviewer Comments				
Department	Other Comments				



Revenue Division  
39550 Liberty Street, P.O. Box 5006, Fremont, California 94537-5006  
(510) 494-4790 ph • www.ci.fremont,ca.us

BUSINESS TAX APPLICATION

All persons conducting a business in/from the City of Fremont are required to pay the City Business Tax (“License”) and any related fees. It is very important that the City has a correct and accurate record of your business.

The application for FREMONT BUSINESS TAX is subject to a review process.\*

\*In order to open a business, approval may be required from the Planning Division, Building & Safety Division, Police Department, Fire Department, and/or the Alameda County Health Department.

INSTRUCTIONS FOR COMPLETION OF FORM:  
Fremont based businesses must complete Sections A, B, & C  
Out of town businesses must complete Sections A & C

OFFICIAL USE ONLY

Route: ZONING - B.I. - FIRE / HAZMAT - P.D. - HEALTH

TAXPAYER # MIS# NAICS SIC NEW BUS./CHANGE



Please complete ALL SPACES related to your business.  
Please type or print clearly in ink.

BUSINESS TAX

Section A

(BUSINESS NAME) (CORPORATION NAME, IF DIFFERENT)

BUSINESS LOCATION: Number Street City State Zip

BUSINESS MAILING ADDRESS: Number Street City State Zip

DESCRIPTION OF BUSINESS:

WEBSITE ADDRESS: NO. OF EMPLOYEES AT FREMONT LOCATION INCLUDING OWNER:

BUSINESS PHONE NUMBER: ( ) FAX PHONE NUMBER: ( )

NAME/TITLE OF CONTACT PERSON IN FREMONT: PHONE #:

RESALE LICENSE # (sales tax) FEDERAL TAXPAYER'S ID # STATE TAXPAYER'S ID # CONTRACTOR'S LICENSE #

CHECK ALL APPROPRIATE BOX(ES) AND DESCRIBE BUSINESS ACTIVITY.  
WRITE PERCENTAGE IF MORE THAN ONE.

Description of business determines your tax rate. Please provide detailed description of business activity.

Does your company sell products over the internet? YES/NO Or by catalog? YES/NO

Retail Sales % Service %  
Wholesale % Professional Services %  
Warehousing % Administrative Office (No Sales) %  
Manufacturing % Research & Development %  
Real Estate % Rental Property Mgmt/Ownership %

If high tech company, circle appropriate industry description:

Bio-technology  
Medical Equipment  
Semiconductors  
Telecommunications  
Computer Software  
Computer Hardware  
Contract Assembly

Check one: SOLE OWNERSHIP (S) PARTNERSHIP (P) LTD. LIABILITY PTR (L) CORPORATION (C)

PLEASE list information regarding the business owner(s), partners or agent of service with address (DO NOT LEAVE BLANK):

Owner e-mail address:

(LAST NAME/TITLE) (FIRST NAME) (M.I.) (PHONE #) (SOCIAL SECURITY #) (DRIVERS LIC. #)

PRIMARY OWNER'S Home Address: Number Street City State Zip

Section B

1. Is your company headquarters located in Fremont? If no, where are they located?  
If yes, do you have subsidiaries/branch offices in other countries? No Yes Which countries?
2. Does the business IMPORT or EXPORT products or services from/to foreign countries? YES NO  
If YES, which countries?
3. When will this business open in Fremont at this address? Date: Month Year  
Please check box if: Location change Name change Other Effective date: Month day year
4. If known, please list the name and type of previous business occupying this location:
5. What is the square footage of your location?
6. If your business has a separate STORAGE or CORPORATION YARD, indicate the location:

FIRE DEPARTMENT QUESTIONS (Additional permits may be required – contact 494-4285)

Are there any HAZARDOUS MATERIALS used, stored, or transported? YES NO  
If you answered YES, attach a detailed list of materials and quantities used or stored.  
Will your business have PUBLIC ASSEMBLY (restaurant, bar, theatre, bowling, etc.)? YES NO  
Does your business share occupancy with another business? YES NO  
If YES, what is the name of that business?

POLICE DEPARTMENT QUESTIONS (Additional permits may be required – contact 790-6972)

Is the business involved in any way with FIREARMS or EXPLOSIVES? YES NO  
Does the business dispense or sell ALCOHOLIC BEVERAGES? YES NO

Section C

NOTE: PAYMENT OF BUSINESS TAX DOES NOT RELIEVE THE APPLICANT/BUSINESS OF THE REQUIREMENT TO COMPLY WITH ZONING, HEALTH, SAFETY AND OTHER STATE, FEDERAL AND CITY REGULATIONS.  
Failure to obtain all necessary approvals or the inability to commence business may entitle the applicant to a refund of the business tax paid.

PRINT APPLICANT'S NAME: PHONE NUMBER:

I hereby certify under penalty of making a false oath that the information contained herein is, to the best of my knowledge and belief, a true and complete statement.

DATE: